REF: III

ASSIGNMENT

From: Date: 29.12.2017

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SJG 397A

at Workshop m/s Ding Auto

of Blk 10 Sin Ming Ind Est #01-20

Insured:

Policy No.:

Claims No.:

Sum Insured: Excess:

(Client's Record)

Make of Veh:

after 11am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SJG 397A W Reg: 06 08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toy Altis (A) cc: 1598

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp Reading: 141625 T Radio: Insured / Std / NI / NA

Eng No:

C/No: MR053EE106111818

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal:	8 mm	R/Bal:	8 mm
L/Bal:	8 mm	L/Bal:	8 mm
D.O.A:	18/12/17	D.O.I:	29/12/17

Survey held at:

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
2/1	File pass to Catherine
"	C/Slip B165a encl

Date/Time File Pass to?

1

Date/Time File Return to?

2

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp. : $

☐ Interim S/V : $

☐ Tech. Insp. : $

☐ Weekend : $

Photos:

Other:

Report Format :

Lump Sum / I.B.I. : $